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SECRETARY OF STATE
TALLAHASSEF FLORIS

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## **COVER LETTER**

	egistration Sec ivision of Corp				
CUDIFOT		Parramore CPA, LLC			
SUBJECT	:	Name of Limi	ited Liability Company	<del></del>	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please retur	rn all correspor	ndence concerning this matter	to the following:		
		Lahteefah Parramore			
			Name of Person	<del></del>	
		Lahteefah J. Parramore, CI	'A LLC		
			Firm/Company		
		1750 N Bayshore Drive			
			Address		
		Miami, FLorida 33132			
			City/State and Zip Code		
		lahteefahparramorecpa@gn			
		E-mail address: (t	to be used for future annual report notificat	cion)	
For further	information co	oncerning this matter, please ca	ıll:		
Lahteefah	Parramore, CP.	A	at () Area Code Daytime Te	2011 TAL	
	Name of	Person	Area Code Daytime Te	SECRETAR ALLAHASS	FILE
Enclosed is	s a check for the	e following amount:		ḿ⇔ <b>∞</b>	m
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certification States & Certified Conv (additional Copy is enclosed)	O

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lahteefah J. Parramore CPA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 28, 2015 and assigned Florida document number L15000213153 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lahteefah M. Parramore CPA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ಹ Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Date	August 24		<u></u>	2016	_ •				
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Typed or printed name of signee

Filing Fee: \$25.00